

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.   FILING DATE  

APPLICANT(S) **10/524752**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	29	↓		↓		↓
TOTAL DEP.	29	↓		↓		↓
TOTAL CLAIMS	29	↓		↓		↓

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.			↓			↓
TOTAL CLAIMS			↓			↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS